

**IN THE FRANKLIN COUNTY MUNICIPAL COURT
COLUMBUS, OHIO**

**APPOINTMENT OF COUNSEL APPLICATION
(Local Court Rule 16)**

Name: _____

Attorney Supreme Court I.D. Number: _____

Local Office Address: _____
City, State, Zip Code

Local Telephone Number: _____

Years in Practice of Law: _____

I hereby certify that:

1. I am licensed to practice law in the State of Ohio.
2. I am in good standing with the Supreme Court of Ohio.
3. I have experience as lead counsel or co-counsel on three (3) or more criminal or traffic court cases.
4. I have practiced criminal law for ____ years and traffic law for ____ years.
5. I have tried approximately ____ criminal trials, including ____ jury trials.
6. I have tried approximately ____ traffic trials, including ____ jury trials.
7. I maintain professional liability (malpractice) insurance in the amount at least equal to the minimum coverage required by the Code of Professional Responsibility.
8. I will attend an orientation session presented by the court and complete the six hour mentoring requirement within six months of being notified of my acceptance on the Court Appointed Counsel List. I understand that I will not receive any cases until I file proof of completion of orientation and mentoring with Suzanne Ruzicka, Support Services Coordinator, 375 South High Street, 15th Floor, Columbus, Ohio 43215.
9. I have Municipal Court experience and/or have attended CLE courses devoted to practicing law within the Municipal Court. Yes ____ No ____

Signature Date

A resume and five (5) photos must be submitted with this application.